

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155793	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/19/2016
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NAME OF PROVIDER OR SUPPLIER HAMILTON TRACE OF FISHERS	STREET ADDRESS, CITY, STATE, ZIP CODE 11851 CUMBERLAND RD FISHERS, IN 46037
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K 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 04/19/16</p> <p>Facility Number: 012644 Provider Number: 155793 AIM Number: 201046710</p> <p>At this Life Safety Code survey, Hamilton Trace of Fishers was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, the 2000 edition of the NFPA (National Fire Protection Association) 101, LSC (Life Safety Code), Chapter 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 108 and had a census of 92 at the time of this survey.</p>	K 0000	<p>April 29, 2016</p> <p>Kim Rhoades, Director Long-Term Care Division Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204</p> <p>Re: Allegation of Compliance</p> <p>Dear Ms. Rhoades:</p> <p>Please find enclosed the Plan of Correction to the allegation of noncompliance cited during the Life Safety Code Recertification Survey on April 19, 2016. This letter is to inform you that the plan of correction attached is to serve as Hamilton Trace of Fishers credible allegation of compliance. We allege compliance on May 6, 2016. We are requesting a desk review for this plan of correction.</p> <p>If you have any further questions, please do not hesitate to contact me at 317-813-4444.</p> <p>Sincerely,</p> <p>Benjy Grzych H.F.A. Administrator Hamilton Trace of Fishers</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	All areas where the residents have customary access were sprinklered except for one detached garage used for facility storage which was not sprinklered. Quality Review on 04/25/16 - DA		Submission of this plan of correction in no way constitutes an admission by Hamilton Trace of Fishers or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care or other services provided in this facility. The Plan of Correction is prepared and executed solely because it is required by Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during the Life Safety Code Recertification Survey on April 19, 2016. Please accept this plan of correction as Hamilton Trace of Fishers credible allegation of compliance by May 6, 2016. This statement of deficiencies and plan of correction will be reviewed at the May Quality Assurance/Assessment Committee meeting.	

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K 0066 SS=E Bldg. 01	<p>NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations shall be adopted and shall include not less than the following provisions: 18.7.4, 19.7.4, 8-6.4.2 (NFPA 99)</p> <p>(1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. Exception: In facilities where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs that prohibit smoking in use areas are not required. (Note: This exception is not applicable to medical gas storage areas.) 8-3.1.11.3 (NFPA 99)</p> <p>(2) Smoking by patients classified as not responsible shall be prohibited, except when under direct supervision.</p> <p>(3) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.</p> <p>Based on observation, interview and review the facility failed to ensure 1 of 1 smoking policies was adhered to which specified no smoking anywhere on the premises was permitted. This deficient</p>	K 0066	<p>Response to Survey Ending April 19, 2016</p> <p>I. The corrective actions to be accomplished for those residents found to have been affected by the deficient practice. The cigarette butts deposited around the generator located outside of the</p>	05/06/2016			

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	<p>practice could affect 20 residents on 800 hall, including visitors and staff if they are utilizing the Service hall exit during a fire emergency.</p> <p>Findings include:</p> <p>Based on observation on 04/19/16 at 1:17 p.m. with the Maintenance Supervisor there were more than fifty cigarettes butts deposited around the generator located outside Service hall which is adjacent to 800 hall. Based on interview on 04/19/16 at 1:21 p.m. the Maintenance Supervisor acknowledged no one should be smoking anywhere on the premises which was verified with review of the smoking policy.</p> <p>3.1-19(b)</p>		<p>service hall which was adjacent to the 800 hall were cleaned up and disposed of immediately. II. The facility will identify other residents that may potentially be affected by the deficient practice. Residents who reside at Hamilton Trace of Fishers have the potential to be affected by the alleged practice. III. The facility will put into place the following systematic changes to ensure that the deficient practice does not recur. Newly hired staff members will be educated regarding the facility's non-smoking policy and failure to comply with the facility's non-smoking policy will result in disciplinary action leading up to and or their termination of employment. Current staff members were educated regarding the facility's non-smoking policy and failure to comply with the facility's non-smoking policy will result in disciplinary action leading up to and or their termination of employment. IV The facility will monitor the corrective action by implementing the following measures. Staff members who are observed to not follow the facility's non-smoking policy will be re-educated and will have disciplinary action imposed. Administrator or designee will audit facility grounds 5 x weekly x 4 weeks, weekly x 2 months, and monthly x 3 months for</p>		

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			adherence to the facility non-smoking policy. Results of this audit will be reviewed at the monthly Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed Facility Administrator will be responsible for ensuring compliance V. Plan of Correction completion date. Plan of Completion date is May 06, 2016.		